

fiscal  
2012-2013 **Q3**  
3rd quarter ended December 31, 2012

# KGH this quarter



Kingston  
General  
Hospital

*Outstanding care, always*



## CEO Update

Welcome to *KGH This Quarter*, our public report against our long-term strategy and annual corporate performance goals. As of our third quarter, ended December 31, 2012, 63 per cent of our strategy milestones and 68 per cent of our Quality Improvement Plan targets are on track. Overall, 74 per cent of our corporate performance indicators are on track to be achieved by year-end.

Our performance is not where we had hoped it would be at this point in the year. However, it's important to acknowledge the issues we were faced with in the third quarter which, while handled successfully, consumed a significant amount of time and energy from our staff. Our ED volumes and the number of admissions to our hospital were up in Q3; an influenza outbreak in our community added pressure on our resources throughout the month of December; and, we experienced four instances of Gridlock ranging in duration from 24 to 48 hours where the number of admitted patients in our hospital exceeded the number of available beds.

At the same time, staff members were busy preparing for and undergoing accreditation processes in our Stroke Care Program and within our Clinical Laboratory Service. Each of these accreditations was successful – we received a preliminary score of 96 per cent on our stroke accreditation and full accreditation in our labs. We're pleased with these results and grateful for the huge amount of time and energy our staff invested to ensure our success.

Q3 was also a time of looking ahead and planning for the future. Our entire leadership team was engaged in reflection on what we intend to accomplish this coming year as we work together to finalize our annual plan for achieving Outstanding Care, Always.

As we analyze the external environment, we know that the kinds of issues and changes we faced this year will continue to challenge our capacity, which is why we are adapting our approach to annual planning this year.

The theme of this year's plan is improvement. Over the past year, we have made a significant investment in training our entire leadership team in continuous improvement. This year's plan represents a transition into a new way of working that embraces the mindset of continuous improvement where we come to work every day to improve something. In addition to spelling out the milestones we intend to achieve in the coming year, our draft annual plan incorporates improvement priorities that will guide the focus of the integrated set of tactics we'll employ across the organization to ensure we meet our goals. This is part of our commitment to applying continuous improvement principles to every aspect of our mission to transform the patient and family experience through innovative and collaborative approaches to care, knowledge and leadership. We'll provide further updates on our annual plan in Q4.

Our Q3 performance results are detailed more fully in this report. I encourage you to read *KGH This Quarter* and send us any questions or comments you have. For more detailed information, you can access the *KGH Strategy Performance Report* on our website where you can see how each of the indicators have trended over the past five quarters and what actions are being taken to improve performance.

Thanks for your interest in KGH. Stay tuned, KGH is on the move!

In this document, we report the status of our performance as either green, yellow or red. Here is what the colours mean:

Status	Meaning
Green	On target
Yellow	Approaching target. Requires attention
Red	At risk. Focused review and action planning underway



To read more about strategy and performance at KGH, visit us online at [www.kgh.on.ca](http://www.kgh.on.ca)

Sincerely,

Leslee Thompson  
President and Chief Executive Officer

# Transforming the patient experience through a relentless focus on quality, safety and service

## Engaging patients

Like all Ontario hospitals, we actively measure patient satisfaction and use those results to drive improvements at all levels of our organization.

This year, we are aiming to achieve an overall patient satisfaction score that is at, or better than, the provincial teaching hospital average. Our most recent patient satisfaction data as of Q2 shows that we are exceeding the provincial average of 75.6 per cent in overall acute inpatient satisfaction with a score of 76.3 per cent.

Our emphasis on patient engagement is helping to foster awareness, a sense of pride and broad involvement from our staff in numerous continuous improvement initiatives that are making a difference to our patients and their families. One example of this is a new initiative to host patient feedback forums within each program at our hospital. This is where a recently discharged patient and/or family member comes to speak with staff on the unit where they received care to recount their experience. They share what went well during their stay at KGH and what could have been done better to make their experience as positive as it could have been. Afterwards, staff create action plans to address the issues that are leading to a less than optimal patient and family experience and embed the behaviours that are contributing to outstanding care. In Q3, two patient feedback forums were held in our medicine and emergency programs with excellent reviews from staff who were involved.



## Eliminating preventable harm

People expect to feel safe and be free of harm during their hospital stay. At KGH we are committed to eliminating all preventable harm to patients. However, given the complexity of the care and service we provide 24 hours a day, seven days a week, adverse events can and do occur. This year, we are focused on strengthening our patient safety culture, improving medication safety and reducing hospital acquired infections

On a regular basis, our staff is invited to complete a survey that measures their perceptions of patient safety at our hospital. Our last Patient Safety Culture Survey was conducted in Q4 2011-12 and while those results showed a significantly improved response rate as compared to the previous survey, we were far from satisfied with the results which sit at only 28 per cent. While we have taken many actions to improve patient safety, we believe many of our staff may not be aware of all that we have accomplished. This is changing. In Q3, KGH hosted a week-long event

to spotlight ways to deliver safe, high-quality care as part of Canadian Patient Safety Week. Also in Q3, our new Director of Patient Safety, Quality and Risk created a comprehensive plan to support our programs and departments in their efforts to improve patient safety and quality and minimize risk. The plan provides practical tools, a framework and support to help identify and act on opportunities for improvement. The next Patient Safety Culture Survey which was scheduled to take place in February 2013, has been deferred to the fall of 2013. We are still actively addressing the issues identified in the last survey, however, we believe the value of staff time to participate in the survey will be greater in the fall once the new patient safety, quality, risk program is implemented.

We are improving medication safety throughout the hospital by ensuring medication reconciliation is completed for every internal medicine program inpatient at the time of their admission to our hospital.



This is a process where health-care professionals work with patients and families to create an accurate and complete list of the patient's medication information. As of Q3, medication reconciliation was completed for 98 per cent of internal medicine program inpatients against our target of 100 per cent. This is up from 84 per cent last quarter thanks to the assignment of dedicated pharmacy technicians within our medicine program. Our pharmacy program is currently working to redesign processes and enhance support for pharmacy staff to make it possible to support the rollout of medication reconciliation across the hospital.

Infection outbreaks are a reality for all hospitals and KGH is no exception. This year, we aim to reduce the number of new patients who acquire infections in our hospital by ten per cent. Our Q3 performance on this milestones remained at 37 new cases of hospital acquired infection against our target of 31. While our overall performance on the milestone was unchanged this quarter, there are no new trends causing concern and the supporting indicators for this milestone are actually showing improvement.

We saw a decrease in *C. difficile* and central line infections and an improvement in hand hygiene compliance, which was 95 per cent in Q3. We are confident we will achieve our target by year end because of the success of several key infection prevention activities. For example, overuse of antibiotics is associated with the emergence of antimicrobial resistance in some pathogens. Since the launch of our antibiotic stewardship program in Q2, antibiotic dispensing has decreased. In addition, our *C. difficile* rate continues to fall, and improvements in hand hygiene are proving to be sustainable. In fact, it has been a full year since our hospital experienced an outbreak of *C. difficile*. Overall, our environment is cleaner which reduces the chance of getting an infection. In Q3, an independent audit of our facilities by Westech awarded KGH an overall score of 82 per cent, just short of our target of 85 per cent. In a more recent audit, our operating rooms achieved a score of 87 per cent.

## Eliminating preventable delays

As a partner in the regional health-care system, KGH is doing its part to ensure processes within and beyond our hospital are well connected and coordinated so that patients receive the care they need in the best location, and are moved without delay. This year, we are making improvements in patient flow by focusing on discharging patients at their expected lengths of stay. We are focused on reducing wait times for emergency department admitted patients and patients waiting for elective surgeries, improving access to cancer care and working with regional partners to ease the transitions for patients between settings.

There is an expected length of stay (ELOS) for each patient population related to the nature and complexity of their condition. Discharging patients at or sooner than the ELOS influences the rate at which we are able to admit patients who are waiting for a bed in our hospital. In Q3, our overall average length of stay remained below our expected length of stay by our target of 0.8 of a day. It is important to note that this indicator is calculated on an overall basis and five of our clinical services did not achieve the target in Q3. Collectively, these services are only exceeding the target by a total of 168 days or the equivalent of 26 cases for the entire quarter. All clinical programs with the support of our Patient Flow Task Force are actively working on tactics to improve patient flow. We are also strengthening the use of information obtained from our concurrent review process. This is a process where nurse reviewers, monitor the appropriateness of the care, the setting, and the progress of discharge plans in real time on our patient care units. These reviews are providing rich information about opportunities for improvement that all programs are using to optimize patient flow.

Emergency department wait times are a challenge for all Ontario hospitals. This year, we are aiming to improve ED wait times for admitted patients by 20 per cent. We have seen a seven per cent improvement in wait times for ED admitted patients overall since Q1. The specific indicator we use to measure this milestone is the length of time that 90 per cent of admitted patients waited. As of Q3, 90 per cent of ED admitted patients were admitted within 34.5 hours – our target is 22 hours. As of December 2012, 19 per cent or 7,861 of all ED visits were admitted. Of those, 76 per cent or 5,985 were admitted within the 22-hour target. Of the 1,876 patients that exceeded the target, 87 per cent or 1,613 were still admitted within target wait times. We're pleased that patient satisfaction with emergency care at KGH has been at or better than our 86 per cent target since Q1.

Our ED has experienced an increase in both the volume of visits and admissions, particularly to our medicine program. At the same time, the number of patients waiting in our hospital for alternate levels of care has been high with an average number of ALC patients per day of 46 in Q3, more than double our target. As a result, we saw an increase in the frequency and duration of Code Gridlocks. This is a code that we call when patient needs outweigh the number of available beds and extra measures are required to improve the flow of patients.

Our Patient Flow Task Force is using insights gained from our concurrent review process and engaging with patients and providers across our regional health-care system to identify opportunities to support the timely transition of ALC patients to the most appropriate care settings and avoid patients becoming ALC in the first place. This includes participation in provincial initiatives such as Home First and Move On, which focuses on mobilization as a means of preventing falls and other complications that can lead to patients being designated ALC.

KGH 2015 Outcome	2012/13 Milestones	Status
Patients are engaged in all aspects of our quality, safety and service improvement initiatives	Overall patient satisfaction is at or better than the provincial teaching hospital average	Green
	All preventable harm to patients is eliminated	Red
All preventable delays in the patient journey to, within and from KGH are eliminated	Patient safety culture ratings improve by 20%	Red
	Medication reconciliation is completed for every internal medicine program inpatient at admission	Green
	The number of new patients who acquire infections in our hospital is reduced by 10%	Red
	KGH overall average length of stay is better than expected length of stay	Green
	The emergency department wait time for admitted patients is improved by 20%	Red
	Clinical services meet the provincial wait time target	Yellow
	Cancer Care Ontario access to care indicators are met	Red

We are running a number of improvement cycles focused on discharge prediction, room turnover, the creation of ad hoc discharge lounges and patient navigator positions. We are also supporting the provincial Health Links initiative as a way of partnering with primary care providers to avoid ED visits and readmissions.

We are closely monitoring our surgical wait times and, while they are not currently meeting target, they are trending favourably. In Q3, 85 per cent, or 44 out of 52 of our publicly reported surgical wait times met or exceeded the 90th percentile provincial wait time target. Our target for this milestone is 90 per cent. Our surgical, perioperative and anesthesia program (SPA) and Waitlist Committee are actively monitoring all surgical wait lists, identifying and flagging where patients are waiting excessively, and contacting surgical administrators to support action planning.

Cancer Care Ontario (CCO) implemented the Ontario Cancer Plan (OCP) that serves as a roadmap for reducing the risk of Ontarians developing cancer while improving the quality of care for current and future patients. CCO distributes a quarterly Regional Performance Scorecard which includes a combination

of performance metrics for programs overseen by Cancer Care at KGH and the South East Regional Cancer Program (SERCP). At KGH, we are aiming to meet all four of CCO's access to cancer care targets for radiation treatment and chemotherapy. At Q2 when the most recent CCO data was reported, three of these four access-to-care indicators were red. Our CCO access to surgical care target is also red. Several factors are contributing to our performance on this milestone including oncologist vacancies in our cancer program, issues with referral processing and appointment booking, timely access to operating room resources, surgical priority coding practices and practice patterns for chemotherapy treatment. Our cancer program team has been mobilized around understanding and addressing these issues – monthly chart audits are taking place to evaluate cases that are exceeding access targets; numerous improvement projects have been launched to review workflow and data capture issues; referral to consult processes are being redesigned in our radiation and systemic treatment programs with a focus on breast cancer patients; and, the cancer and SPA programs are collaborating on a consistent methodology for the assignment of priority codes for cancer surgery.



## Bringing to life new models of interprofessional care and education

### Implementing our Interprofessional Collaborative Practice Model

Our Interprofessional Collaborative Practice Model (ICPM) is characterized by collaborative practice among teams of health-care professionals who are working together to deliver patient- and family-centred care. This year, we are aiming to build on our success in implementing ICPM across all clinical areas by beginning our e-documentation project to automate interprofessional assessment documents. While work continued in support of interprofessional bedside documentation, the automation of the documentation is currently on hold due to a review of the technology platform at KGH. We expect to proceed with the implementation of this milestone in the next fiscal year.

### Embedding interprofessional education

As a teaching hospital, education is at the forefront of our mandate at KGH. Interprofessional education (IPE) is the process by which two or more health professions learn with, from and about each other to increase collaboration, enhance practice and improve the overall quality of patient- and family-centred care. Working with our partners in the Faculty of Health Sciences at Queen’s University and St. Lawrence College, we are focused on building KGH’s interprofessional education organizational competencies, which demonstrate how we create a culture and environment that supports staff continuing education and professional development, as well as the student learning experience.

As of Q3, our IPE work plan is in place and we have met three of the ten competencies including those related to development and implementation of learning activities that help enhance practice; support to practice environments that encourage application of knowledge and research; and enabling development of expertise. We are well on our way toward completing at least six of the competencies by year end. In Q3 we also ramped up planning for a new event to support interprofessional education called the *KGH Community Showcase*, which is a weeklong event in January including exhibits, activities, presentations and keynote speakers – all geared toward celebrating and learning about how all professions at KGH contribute to Outstanding Care, Always. At the corporate level, planning is also underway for a major international knowledge exchange conference called *Transforming the Patient Experience*, which takes place May 9 and 10, 2013. The conference will feature internationally renowned keynote speakers and concurrent education sessions related to interprofessional education, collaborative practice models and patient- and family-centred care. For more information and to register to attend the conference, visit [www.kghconnect.ca/conference](http://www.kghconnect.ca/conference)

KGH 2015 Outcome	2012/13 Milestones	Status
Our Interprofessional Collaborative Practice Model (ICPM) is implemented in every clinical area with high ratings from patients, staff and learners	Automation of interprofessional assessment- and adverse-reaction documents is complete (e-doc project)	N/A
KGH is recognized as a centre of excellence in interprofessional education	Workplan to fulfill interprofessional-education competencies is completed	Yellow

# Cultivating patient-oriented research

## Strengthening clinical research

Patient-oriented research focuses on improving patient outcomes. In collaboration with Queen’s University and other academic partners we are advancing research at KGH in very deliberate ways, and steadily growing our clinical research capacity to foster a strong research culture in our hospital. This year, we are continuing to increase research personnel and expand space for clinical research by creating a Clinical Investigation Unit on Connell 4. As of Q3, approximately \$150,000.00 has been raised to cover the cost of detailed designs for the state-of-the-art research facility.

KGH 2015 Outcome	2012/13 Milestones	Status
Externally funded research at KGH has increased by 50%	Clinical research space at KGH increases by 25%	Yellow

To date, three KGH Research Institute offices have moved into Connell 4, including our Pulmonary Function Lab, and space has been made available for two KINARM robots that enable advanced study of sensory, motor and cognitive function. As of Q3, our fiscal 2012 research funding increased by \$500,000.00. This exceeds our cumulative target of a 40 per cent increase over baseline (fiscal 2009), but falls short of our in-year goal of an eight per cent increase. Given the challenging fiscal climate, we are pleased overall by our performance in this area.

In fact, KGH was recognized in Q3 for its strong research performance. We climbed from the 27th to the 23rd spot on the list of Canada’s Top 40 Research Hospitals according to the most recent survey by Research Infosource. This is thanks to our ability to build on our success in obtaining peer-reviewed federal and provincial research funding.



# Increasing our focus on complex-acute and specialty care

## Aligning and integrating health system services

KGH's ability to fulfill its role as Southeastern Ontario's complex-acute and specialty care, research and teaching hospital requires an integrated, strategic approach to health care in the SE LHIN. There are several important regional and provincial initiatives underway aimed at improving coordination and access to care where KGH is playing a leadership role. The SE LHIN, together with regional hospitals and the Community Care Access Centre, has embarked upon a critical examination of current hospital services within seven clinical areas to create a *Clinical Services Roadmap*. Working groups with representation from all regional partners have focused on cardiovascular disease, emergency department wait times, health-care acquired infections, maternal/high-risk newborn, mental health and addiction services and restorative care and surgery. The goal is to improve service provision, reduce program duplication and improve access, efficiency and effectiveness. At the same time, Ontario recently launched *Health Links*, aimed at improving care for seniors and others with complex conditions. This innovative approach brings together health-care providers in a community to better and more quickly coordinate care for high-needs patients. KGH clinical and administrative leaders are playing an active role in both of these initiatives as part of our commitment to focusing on our unique role as the regions provider of complex-acute and specialty care.



## Focusing on complex-acute and specialty care

As the region's complex-acute and specialty care provider, KGH is accountable for delivering specific volumes of services as well as achieving wait time targets. Managing the delivery of service volumes is a complex task as each service comes with its own set of challenges from the availability of qualified personnel for program areas, to fluctuating regional demand for services. As of Q3, 25 of 28, or 89 per cent of our contracted volumes met their target. Success in this area is due to strong leadership from our surgical perioperative and anesthesiology program (SPA), which added support to clinical offices to help with OR bookings and manage wait times and volumes.

## Using best evidence to guide practice

Evidence-based guidelines, or order sets, are comprehensive, best-practice guidelines used to assist health-care professionals in managing common health issues and interventions in a variety of patient populations. Using evidence-based guidelines to ensure appropriate tests, treatments and medications are prescribed enhances patient safety and overall quality of care while helping to reduce length of stay and readmission rates.

As of Q3, there are order sets implemented within 11 clinical areas. The hospital's focus on quality and safety has been a major driver for the adoption of order sets in our clinical programs. We have also begun to implement Entry Point, a new tool that will allow completion of order sets in an electronic format. This will facilitate the sustainable management and use of order sets to ensure this important practice is embedded in the organization.

KGH 2015 Outcome	2012/13 Milestones	Status
KGH services are well aligned and integrated with the broader health-care system	Clinical Services Roadmap initiatives launched	Green
	Target service volumes are met	Green
Best evidence used to guide practice	Evidence-based guidelines are adopted in 12 clinical areas	Green





## Providing a safe, healthy workplace

Safe staff equals safe patients, so workplace safety is a high priority at KGH. We actively monitor safety in our workplace through a comprehensive Health and Safety Scorecard that measures our performance on numerous dimensions of safety from musculoskeletal and needlestick injuries, to lost-time injury claims and violence-related incidents. This year, we want to meet all of our KGH Health and Safety Scorecard targets. As of Q3, 13 of 21 or 62 per cent of the indicators on the scorecard are within the targeted range. There was a 100 per cent increase this quarter in the number of lost days due to workplace injury or illness. However, this was related to just two lost time injuries that resulted in significant time off. We also received two Ministry of Labour orders in Q3 which will be resolved by Q4. KGH managers are required under the Occupational Health and Safety Act to complete incident investigations every time a staff member is injured. We saw an increase this quarter in the number of incomplete investigations. In Q4, we will be following up with managers to support the completion of incident investigations and reduction of hazards in the workplace. We are actively addressing safety issues in our hospital and others are taking notice. In Q3, KGH was awarded gold in the Quality Healthcare Workplace Awards by the Ontario Hospital Association due to our focus on health and safety improvements. For example, we now have an action plan in place to guide the creation of a comprehensive Health and Safety Management System. We have stepped up our efforts to keep safety at the forefront through the installation of Health, Safety and Wellness boards across the hospital and enhanced training and support for leaders on managing safety. As a result of the many safety initiatives that are in place across the organization, we anticipate we will achieve our target for this milestone by year-end.

## Enabling high performance

### Improving staff satisfaction and engagement

Having a positive, dynamic, healthy workplace is a top priority at KGH. The Workplace Pulse Survey measures staff perception of many dimensions of the work environment at KGH, including overall satisfaction with the organization. This year, we had targeted a 20 per cent improvement in our overall staff satisfaction rating. In Q3, we made a decision to postpone the delivery of the next Workplace Pulse Survey that was to take place in February 2013 due to concerns about the capacity of the organization to complete surveys this winter. We are also undertaking a major engagement initiative in the spring including engagement surveys, action planning and training for leaders, which we expect to positively impact staff satisfaction. For these reasons, we believe the value of staff time to participate in the survey will be greater in the fall. We are still actively addressing the issues identified in the last survey.

We received two grants to improve intercultural competency at work and vitality at work that have enabled us to kick off the development of two websites to promote staff development in these areas; we are redesigning our recruiting function and implementing applicant tracking to improve time-to-hire and fill vacancies, which helps balance staff workload; and, we launched a new manager onboarding system as a way to smooth the onboarding process for new managers and update knowledge and skills for existing managers.

One of the supporting indicators we track related to staff satisfaction is sick time. Our average sick days per employee per year rose to 11.02 in Q3 against our target of 10.5. This was due to a rise in infectious illnesses likely attributable to the outbreak of influenza in Kingston. Through continued focus on wellness and attendance promotion, we anticipate we will approach our sick time target in Q4.

### Creating a continuous improvement environment

We have committed to creating a continuous improvement environment at KGH, with consistent use of Lean principles. To achieve this, we are aligning all continuous improvement efforts to our strategy and ensuring that the tools, techniques and knowledge we gain are shared across the organization so that best practices can be more rapidly and easily adopted. This year, we have committed to having 100 per cent of KGH managers complete continuous improvement training. Our process excellence team developed a formal training program to introduce managers to continuous improvement principles and translate these principles into immediate action within every program and department of the hospital. As of Q3, 97 leaders have completed their continuous improvement training, exceeding our target of 90. Participation in this training has far surpassed our targets. Along with the leadership group, we will have trained interprofessional teams within Medicine, the Surgical Perioperative and Anesthesiology program, and People Services by the end of the year, for a total of about 175 people.



### Preparing for phase two redevelopment

Phase One of our \$196 million redevelopment project was completed on time and on budget in the last fiscal year. This multi-year project was one of the largest and most complex hospital redevelopment projects in Ontario, creating an additional 170,000 square feet of new space and the renovation of an additional 143,000 square feet at KGH. Now we are focused on Phase Two redevelopment that includes plans for a brand new neonatal intensive care unit, new labour and delivery facilities, new labs and new operating rooms. Planning for a redevelopment of this magnitude is a complex task. In Q3, we prepared to send our Stage One submission to the Ministry of Health and Long-Term Care, which will be presented to the SE LHIN board in February 2013. Upon approval by the SE LHIN, we will submit the documents to the Ministry and turn our focus to supporting the Ministry's review of our submission. We have, over the last several years, met with many Ministry representatives to prepare them for our submission. The Minister and Deputy Minister of Health and Long-Term Care as well as capital branch staff and Infrastructure Ontario leaders have all toured our facilities to see first-hand the issues we are aiming to address through Phase Two redevelopment. In parallel with our Stage One submission, we have already begun to plan for Stage Two, creating a plan to support our organization to fulfill the requirements, including functional planning.

### Getting rid of carpets

Carpets are difficult to maintain in a hospital environment. They are hard to clean and harbour dirt and germs that can contribute to the spread of infection. Three years ago we committed to getting rid of carpets in our hospital. The carpets are now disappearing from all patient areas and being replaced with bright, shiny floors to the delight of staff and patients. Our new carpet-free floors are contributing to a safer, cleaner environment at KGH. As of Q3, 55 per cent of patient areas are now carpet-free. Our plan is to have completed 75 per cent of the removal by the end of the fiscal year and we are on track to meet this target thanks to excellent project management and the ongoing collaboration between our Joint Planning Office and clinical departments.



Enabler	KGH 2015 Outcome	2012/13 Milestones	Status
People	KGH is designated as one of the best places to work	Overall staff satisfaction ratings improve by 20%	Red
	All preventable harm to staff is eliminated	Health and Safety Scorecard targets are met	Red
	Staff are engaged in all aspects of our quality, safety and service improvement initiatives	Employee engagement action plans are in place at all team levels	Red
Processes	Continuous improvement environment created with consistent use of lean principles	100% of KGH managers complete continuous improvement training	Green
Facilities	Phase 1 redevelopment is complete, Phase 2 construction is underway and KGH has sufficient parking	Phase 2 redevelopment functional programming commences	Green
	KGH is clean, green and carpet-free	Carpets are removed from 75% of patient areas	Yellow
Technology	Rapid transmission of information improves care and operational efficiency	Discharge summaries are sent to primary care providers within 72 hours of patient discharge	Red
Finances	Our operating budget is balanced and we are able to allocate \$20 million a year to capital expenditures	Investment in capital equipment, technology and infrastructure reaches \$15 million	Green
Communication	We continue to engage and report openly and regularly on our progress	Staff satisfaction with communication at KGH improves by 20%	Red

### Connecting with primary care providers

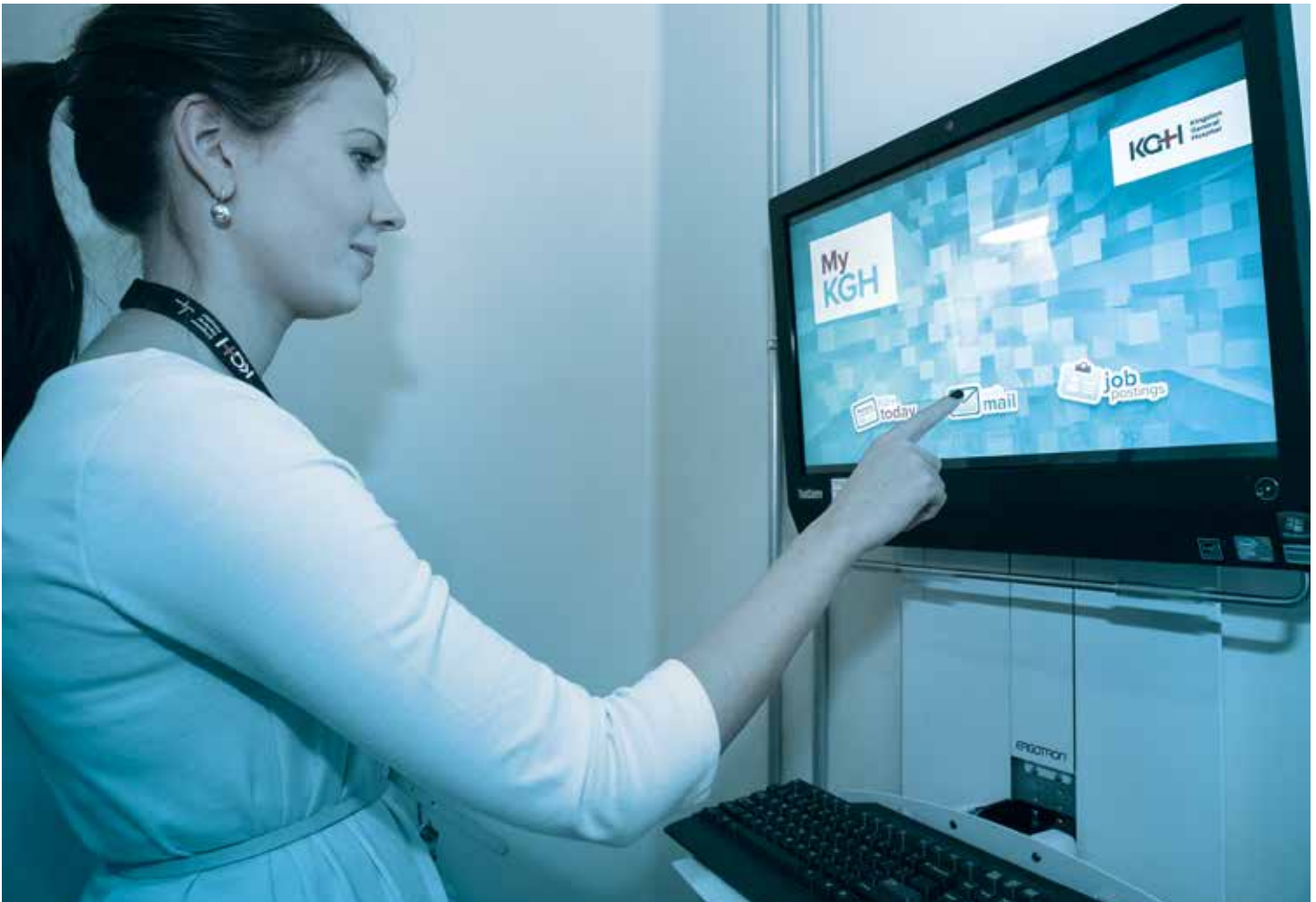
As part of a regional system of health care, we are working with our community partners and family physicians to strengthen the continuity of care for our patients. One of the specific areas of investment we have made is in our electronic communications with family physicians by using patient e-discharge summaries. While 95 per cent of people who leave our hospital leave with a discharge summary detailing all the information about what happened during their stay at KGH, only 40 per cent of e-discharge summaries are distributed to family physicians within 72 hours as of Q3. Our target is 80 per cent within 72 hours. However, we are expecting to see major improvement in our performance on this milestone by year-end. Our Joint Quality and Utilization Improvement Committee has undertaken a new initiative to ensure individual department quality improvement plans are aligned to support this performance target being met is Q4.



In support of this initiative, reports have been developed to monitor individual physician performance and Information Management is working with departments to roll out physician inbox technology that will assist with direct notification to physicians with summaries approaching the 72-hour threshold. A test pilot of this system yielded a seven per cent improvement on this indicator within the month of December and we are confident we can build on that success to achieve the target by year-end.

### Investing in our future

Investing in the future of KGH so that we have the infrastructure, equipment and technology we need to deliver Outstanding Care, Always is a top priority. This year, we aim to increase our investment in the hospital to \$15 million by year-end and we have already achieved this target as of Q3. Finding the money to invest in our future is not easy and with leadership from our Decision Support team and every KGH program and department, we have been able to identify new operational efficiencies and direct those savings to capital investment. Our Chief Financial Officer and Capital Committee have been vigilant in looking for opportunities to augment the capital budget as we finalize our balanced operating budget for fiscal 2013-14. At this point in our budget process, we have identified opening funds available of \$15.5 million to help to keep our facilities modern, and keep equipment and technology up-to-date.



### Strengthening internal communication

Keeping the almost 500,000 people who are part of the KGH community informed with what's happening within our 24/7 organization is a big challenge. This year, we are focused on improving staff satisfaction with communication at KGH by 20 per cent based on responses to our Workplace Pulse Survey. In Q3, we made a decision to postpone the delivery of the next Workplace Pulse Survey that was to take place in February 2013 due to concerns about the capacity

of the organization to complete surveys this winter. We are also undertaking a major engagement initiative in the spring including engagement surveys, action planning and training for leaders, which we expect to positively impact staff satisfaction with communication at KGH. For these reasons, we believe the value of staff time to participate in the survey will be greater in the fall.

In Q3, we continued to actively address the issues identified in the last survey by advancing our plans to implement new web communication tools at the hospital, including a new public website and intranet platforms for the KGH community to come together and share information. We also focused our efforts on planning for an international conference on *Transforming the Patient Experience* that will take place on May 9th and 10th 2013 in Kingston. For more information and to register to attend the conference, visit [www.kghconnect.ca/conference](http://www.kghconnect.ca/conference)